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# TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW, PHS, HSMHA, RMPS		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED 4/3/73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input checked="" type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME Sarah J. Silsbee		PHONE NUMBER 31580	

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO: HENRY T. CLARK, JR., M.D.  
DIRECTOR  
CONNECTICUT REGIONAL MEDICAL PROGRAM  
272 GEORGE STREET  
NEW HAVEN, CONNECTICUT

TO: F.C. REDLICH, M.D.  
DEAN, YALE UNIVERSITY  
SCHOOL OF MEDICINE  
451 COLLEGE STREET  
NEW HAVEN, CONNECTICUT

TO: MS. NATALIE FREEMAN  
PROGRAM DIRECTOR, RMP  
OFFICE OF THE REGIONAL HEALTH DIRECTOR  
DHEW REGION I  
JOHN F. KENNEDY FEDERAL BUILDING  
GOVERNMENT CENTER, ROOM 1409  
BOSTON, MASSACHUSETTS

THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM THE REVIEW OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 19 BY THE CONNECTICUT REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:

1. THE TERMINATION DATE FOR THE CONNECTICUT REGIONAL MEDICAL PROGRAM IS AUGUST 31, 1973. THIS IS THE DATE BEYOND WHICH NO GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST LEVEL IS NOW \$2,831,420 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD OF JANUARY 1, 1972 THROUGH AUGUST 31, 1973.
3. NO NEW ACTIVITIES MAY BE INITIATED. ALL ACTIVITIES NOW ONGOING, INCLUDING PREVIOUSLY CONTRACTED ACTIVITIES, MUST BE

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# GRAPHIC MESSAGE

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TO:

TERMINATED BETWEEN NOW AND AUGUST 31, 1973. THIS SPECIFICALLY INCLUDES PROJECT #44 - HEALTH MANPOWER DEVELOPMENT, WHICH WAS NOT INCLUDED IN EITHER OF THE PLANS SUBMITTED. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, AND MEETINGS SHOULD BE KEPT AT A MINIMUM FROM THIS POINT ON.

4. PROGRAM STAFF TO REMAIN ON DUTY BEYOND JUNE 30 SHOULD BE KEPT AT A MINIMAL LEVEL TO ASSURE COMPLIANCE WITH CLOSE OUT REQUIREMENTS.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE THE NECESSARY OPERATIONS AND NEGOTIATIONS.

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TO:

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD DATE.

*Harold Margulies*  
HAROLD MARGULIES, M.D.  
DIRECTOR  
REGIONAL MEDICAL PROGRAMS SERVICE

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